

Opportunities to Reduce Health Disparities by Improving the Diversity of Washington State's Health-Care Workforce

A report of the Health Disparities Subcommittee, Washington State Board of Health

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EXECUTIVE SUMMARY

Washington State is in a period of unprecedented population growth and the greatest growth is projected among racial and ethnic minority populations. State Board of Health findings confirm that these rapidly expanding populations bear a disproportionate burden of disease and premature death. Several studies have shown that we can improve the health status of racial and ethnic minorities by creating a health-care workforce that mirrors the diversity of the populations it serves. Washington state, however, has a critical shortage of people of color in the health professions. The state's racial and ethnic minority groups are grossly under represented in our health-care workforce and underserved by our health-care system.

Health disparities are clearly evident in Washington state:

- The infant mortality rate for Native Americans and African Americans is more than double the rate for Caucasians.
- African Americans are more than three times as likely as Caucasians to die from HIV/AIDS and diabetes.
- The rate of tuberculosis for Asians is more than 15 times greater than it is for Caucasians.
- Compared to Caucasians, Native Americans are two and one-half times more likely to die from diabetes and almost twice as likely to die from cervical cancer and asthma.

A growing body of research shows that a diverse health-care workforce can improve the health status of racial and ethnic minorities. In the same way that female health providers have increased the quality, accessibility, and responsiveness of our health-care system for women and girls, health-care professionals who share a common language and/or racial and ethnic background with their patients are likely to improve quality, accessibility, and responsiveness for those patients. Minority practitioners are also five times more likely to provide health care to poor and underserved patients, and they are more likely to practice in underserved areas. In these ways, minority health-care providers have a greater positive impact on health status among minority populations.

The Washington State Board of Health has identified Health Disparities as one of its priorities. While the Board recognizes and supports efforts to increase the cultural competence of all providers, the Board's Subcommittee on Health Disparities believes it is possible to improve our state's health status significantly by focusing on increasing the minority health-care workforce.

The Subcommittee, which comprises Board members Joe Finkbonner, Vickie Ybarra, and Margaret Pageler, researched the many current efforts to diversify our state's health-care workforce. It sought and received input from representatives of statewide racial and ethnic minority groups, provider groups, public health organizations, and educational institutions.

The Subcommittee identified multiple opportunities to build a more diverse health-care workforce. They include: promoting recruitment and retention programs to prepare students of color during their K-12 education so that they will be more competitive in applying to colleges and health-care professional schools; encouraging foreign-trained health-care providers to practice in Washington state; encouraging mid-career training for health-care workers who want to advance their credentials; and establishing outcome measures to assess whether programs are effective.

The Subcommittee examined the current academic pipeline that represents how a subset of our health-care workforce develops—starting in the primary grades, flowing through secondary, post-secondary, graduate, and professional schools, and ending with professional licensing. The Subcommittee recognizes that our state's health-care workforce comprises members of dozens of licensed and otherwise credentialed professions, as well as others whose special expertise is essential to maintaining and improving the health status of our state's population. Physicians, nurses, and public health professionals are only a part of the picture. Health educators, community health activists, allied health professionals, health paraprofessionals, and others are all essential members of our state's health-care team. But for purposes of illustrative analysis, the Subcommittee analyzed data for nurses with two-year degrees, physicians, and physician assistants. That analysis shows that a student of color who enters the pipeline in kindergarten is only half as likely, compared a Caucasian student, to emerge from the other end as a doctor, nurse, or physician assistant. In the Subcommittee's judgment, the current academic pipeline is inadequate to serve our state's increasingly diverse citizens.

The Subcommittee was heartened to see that our education and health institutions, both public and private, share an interest in diversifying our health-care workforce; it witnessed successful programs in both the public and private sector. Efforts by organizations such as the Bill and Melinda Gates Foundation, the Washington Department of Health, the U.S. Health Resources and Services Administration and the U.S. Department of Education are already making a difference. (The Subcommittee is very concerned about current state and federal budget proposals that might restrict or eliminate some of these programs.) Programs designed to address workforce shortages in rural areas—for example, the state's Scholarship and Loan Forgiveness Program, the activities of the Area Health Education Centers (AHECs), and the efforts of the University of Washington School of Medicine—demonstrate that focused attempts to recruit and train health-care providers to meet specific workforce needs can be successful. The Subcommittee believes, however, that existing efforts to diversify the health-care workforce need to be strengthened, expanded, and coordinated.

The Subcommittee believes the effectiveness of workforce diversification efforts could be improved by:

- Ongoing data collection to show the degree to which diversity is improving;
- Guidelines that can help shape new programs and refine existing programs to improve the likelihood that they will be successful;
- An assessment tool for consistently measuring the cumulative impact of these programs at various points along the pipeline; and
- Oversight and coordination across programs to assure they are effectively promoting a diverse health-care workforce.

Based on the Board's informed belief that a diverse health-care workforce can improve the health status of racial and ethnic minorities in Washington—and of the overall state population—the Subcommittee has developed the following recommendations for consideration by the State Board of Health.

Recommendation 1: Enumerate the composition of the health-care workforce

The Subcommittee recommends that associations of health professionals—including at least those for physicians, nurses, dentists, pharmacists, mental health workers, health educators, environmental health workers, and public health nurses—initiate efforts to regularly collect and disseminate the racial and ethnic composition of their Washington memberships. These associations could initiate these efforts independently or they could collaborate with agencies such as the University of Washington's Health Care Workforce Resources Center, the Public Health Improvement Partnership, the state Hospital Association, or private foundations.

Recommendation 2: Establish guidelines for health career development programs

The Subcommittee recommends that organizations or individuals interested in developing, funding, or assessing programs that seek to increase the number of minority health-care workers consider the following guidelines:

For all health career development programs:

1. Establish and track outcomes
2. Recruit from populations with disproportionate disease burden and/or underserved communities
3. Provide access to tutorial academic support
4. Provide mentoring
5. Assure program continuity by implementing a strategy for continued funding or inclusion in "mainstream" educational institutional practices
6. Provide articulation between programs

For early education efforts

1. Initiate early in a child's education (grade school)
2. Build a strong foundation in math, science, and reading
3. Promote parent involvement in the student's education

Middle school and high school:

1. Initiate efforts to spark interest in a health-care career as early as possible
2. Provide opportunities for health-related jobs, internships, and volunteering
3. Provide students with information on colleges and link students with college admissions representatives and health professional school representatives

Recommendation 3: Facilitate training and credentialing of people with prior health-care experience

The Subcommittee recommends that licensing boards explore ways to expand the roles of qualified minorities who already have some health-care training—namely, foreign-trained health professionals and mid-career health workers interested in advancement. Opportunities include ensuring that the credentialing process provides appropriate credit for prior training and experience (whether obtained here or abroad) and creating internships and supervised practice opportunities for foreign-trained and mid-career professionals who are working on completing Washington credentialing requirements. Community clinics, hospitals, and practices experiencing shortages of minority providers should also consider recruiting foreign providers through the H1 Visa Program.

Recommendation 4: Create a Graduate Medical Education (GME) incentive pool

The Subcommittee recommends that the Department of Social and Health Services (DSHS) set aside a portion of the total Graduate Medical Education funds to create a GME Incentive Pool that can be leveraged to help diversify our health-care workforce. The DSHS should encourage hospitals seeking GME funds to recruit under-represented minority residents or direct these funds in other ways, as outlined in this report, to bolster health-care workforce diversity.

Recommendation 5: Develop a health-care workforce diversity report card

The Subcommittee recommends development of a report card that assesses the diversity of the health-care workforce. Elements of the report card should include:

- High school graduation rates by race and ethnicity
- Two-year and four-year college graduation rates by race and ethnicity
- Professional school enrollment by race and ethnicity
- Newly licensed practitioners by race and ethnicity
- Total practicing health providers by race and ethnicity

Recommendation 6: Coordinate Health-Care Workforce Diversity Efforts

The Subcommittee recommends that associations for the state's health-care practitioners, hospitals, community clinics and public health officials convene a broad-based, public/private panel to coordinate efforts to improve health-care workforce diversity. Interested representatives from public and private institutions including state agencies (Office of the Superintendent of Public Instruction, State Board of Community and Technical Colleges, Higher Education Coordinating Board, Department of Health, Department of Social and Health Services, Workforce Training Board), AHECs,

academic research centers, organized labor, private philanthropic foundations, and other interested parties should participate to review one another's efforts, improve and review data collection, and evaluate the effect of programs overall. The panel should review, refine, and promote the use of the guidelines contained in this report and compile the recommended report card. It should also ensure that organizations around the state are aggressively pursuing public and private funds to expand existing efforts. Finally, it should consider whether the state needs a mechanism for systematically analyzing and developing its health-care workforce, and if so, recommend a mechanism. The Board should ask the convening associations to report back by fall 2002 on the status of efforts to diversify Washington's health-care workforce.